

# Dalbavancin (DALVANCE) Order Form

SOMC Cancer Center & Infusion  
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## PATIENT & PRESCRIBER INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
 Patient Address: \_\_\_\_\_  
 Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_  lbs.  kg. Allergies: \_\_\_\_\_  
 Prescriber Name/Title: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Prescriber NPI/ #: \_\_\_\_\_

**REQUIRED: Indication, most recent H&P and medication list is required unless the patient is established with SOMC. Supporting clinical notes should include rationale for indication; any past tried and/or failed therapies, intolerances, outcomes, or contraindications to conventional therapy-including why oral antibiotics are not being used if patient has a functioning gut.**

***Required for Restricted antibiotic.***

Antimicrobial Stewardship Program (ASP) review/approval \_\_\_\_\_  
 Current Micro Data (culture/sensitivity): \_\_\_\_\_  
 Lab Results: Creatinine \_\_\_\_\_ mg/dL Date obtained \_\_\_\_\_

## DIAGNOSIS, CLINICAL INFORMATION & PRESCRIPTION

**Dalbavancin (DALVANCE)**

- May substitute mandated or preferred biosimilar as necessary.
- In the event of an adverse reaction, line maintenance/flushes, or O2 are required, the SOMC AIC established protocols will be utilized.
- D5W 250 ml primary at KVO during infusion (do not use normal saline), and flush line during observation period.

\_\_\_\_\_ AND \_\_\_\_\_

Diagnosis Description: \_\_\_\_\_

Dose

**Dalbavancin (DALVANCE) in 100-250 ml of 5% Dextrose in water (DSW) IV to infuse over 30 minutes.**

Estimated Creatinine Clearance*	<input type="checkbox"/> Single Dose Regimen	<input type="checkbox"/> Two-Dose Regimen
≥ 30 mL/min OR on regular hemodialysis	1,500 mg	1,000 mg followed one week later by 500 mg
< 30 mL/min and not on regular hemodialysis	1,125 mg	750 mg followed one week later by 375 mg

Other dosing \_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

**Weekly Lab Orders**

- CBC w/diff
- CRP
- Creatinine
- ESR
- BMP
- None
- CMP
- Other \_\_\_\_\_

PROVIDER:	DATE:	TIME:	SIGNATURE:
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